

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm 2	ent Name	المحا	<u> </u>	Telephone Number 812 945 3588	Date of Inspection (mm/dd/yr)  PERMIT #		
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4214	Charle	. 7					' - '
Owner				Purpose:	Follow-up	Releas	se Date
Martin Bernal				1. Routine	NO 10 dms		
Owner's A	ddress			Follow-up #Z	Summary of Violations:		
				3. Complaint			
Person in C	Charge Cw 1-5	L	opez Pablo Bund	4. Pre-Operational C		NC.	Q R <u>Q</u>
Responsibl	e Person's	E-ma	n* /	5. Temporary	Menu Type (See back of page)		
				6. HACCP	1		
Certified F	ood Manas Corlos		·puz (2/8/21)	7. Other (list)	12_	3	_4_X_5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	,	7		mmaki of violations" Av			
Section#	C/NC	R	Narrative Narrative	<u> </u>		o Be Co	rrected By
<b>,-</b>		ļ	No violations. All correction	s mate.			
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Received by (name and title printed):  Inspected by (name and title printed):							
Pablo Bernal  Received by (signature):  Pablo Barros  Inspected by (signature):  aj							)
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